

**DEPARTMENT OF MOTOR VEHICLES**

LICENSING OPERATIONS DIVISION  
OCCUPATIONAL LICENSING BRANCH  
P.O. BOX 932342, MAIL STATION N224  
SACRAMENTO, CA 94232-3420  
(916) 657-6621

**POSTAL SERVICE VERIFICATION OF  
NO MAIL DELIVERY SERVICE**

(This form is to be used only if regular postal service is not available)

OCCUPATIONAL LICENSE FIRM NUMBER

BUSINESS NAME OF FIRM

ADDRESS OF FIRM

CITY

STATE

ZIP CODE

Our firm Occupational Licensee is requesting permission to use a different mailing address other than where they are licensed due to no mail delivery at the business location.

Please answer the following regarding the above address.

Is there mail delivery at the above location? ☐ Yes ☐ No

If no, please check appropriate box

☐ 1. Rural

☐ 2. Vandalism reported to U.S. Post Office

☐ 3. Theft reported U.S. Post Office

☐ 4. No deliverable address - Explanation in detail: \_\_\_\_\_

☐ 5. Change of Post Office Box \_\_\_\_\_  
(FORMER POST OFFICE BOX)

\_\_\_\_\_  
(NEW POST OFFICE)

☐ 6. Other - Explanation in detail \_\_\_\_\_

POSTAL REPRESENTATIVE SIGNATURE

**X**

TITLE

DATE

UNITED STATES POST OFFICE ADDRESS

CITY

STATE

ZIP CODE

